

PART B - FEE(S) TRANSMITTAL

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8791 7590 11/16/2009

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
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Heidi Yerton	(Depositor's name)
/Heidi Yerton/	(Signature)
2/3/2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,735	12/30/2003	Vladimir Savchenko	6570P066	9043

TITLE OF INVENTION: WEB SERVICE CLIENT EXTENSIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	02/16/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, LUU T	2437	726-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively,	Blakely, Sokoloff, Taylor & Zafman LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2.
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SAP AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WALLDORF, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2566. (enclose an extra copy of this form.)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Gregory D. Caldwell/

Date February 3, 2010

Typed or printed name Gregory D. Caldwell

Registration No. 39,926

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